

FOR HEALTH DEPARTMENT USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued

Food Establishment Permit Application*(Application must be submitted at least 30 days before the planned opening date)***1) Establishment Name:****2) Establishment Address:****3) Establishment Mailing Address (if different):****4) Establishment Telephone No:****5) Applicant Name & Title:****6) Applicant Address:****7) Applicant Telephone No:****24 Hour Emergency No:****8) Owner Name & Title (if different from applicant):****9) Owner Address (if different from applicant):****10) Establishment Owned By:**

- ☐ An association
☐ A corporation
☐ An individual
☐ A partnership
☐ Other legal entity _____

11) If a corporation or partnership, give name, title, and home address of officers or partner.NameTitleHome Address

12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)

Name & Title:

Address:

Telephone No:

Fax:

Emergency Telephone No:

13) District Or Regional Supervisor (if applicable)

Name & Title:

Address:

Telephone No:

Fax:

Food Establishment Information

14) Water Source: DEP Public Water Supply No: (if applicable)		15) Sewage disposal:	
16) Days and Hours of Operation:		17) No. of Food Employees:	
18) Name of Person In Charge Certified in Food Protection Management: Required as of 10/1/2001in accordance with 105 CMR 590.003(A) <small>Please attach copy of certificate.</small>			
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes No			
20) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		22) Establishment Type (check all that apply) <input type="checkbox"/> Retail (Sq. Ft) <input type="checkbox"/> Food Service – (Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (Meals/Day) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer	
21) Length Of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates/Time: _____		Other (Describe)	
23) Food Operations: (check all that apply):		Definitions: <i>PHF – potentially hazardous food(time/temperature controls required)</i> <i>Non-PHF – non- potentially hazardous food (no time/temperature controls required)</i> <i>RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHFs		<input type="checkbox"/> PHF Cooked To Order	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs		<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	
<input type="checkbox"/> Delivery of Packaged PHFs		<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.		<input type="checkbox"/> Customer Self-Service	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.		<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	
<input type="checkbox"/> Preparation Of Non-PHFs		<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	
<input type="checkbox"/> Preparation Of Non-PHFs		<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	
Other (Describe):		<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	
		<div style="border: 1px solid black; padding: 5px;"> To be completed by the Health Department Total Permit Fee: _____ Payment is due with application </div>	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the health department on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

24) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID:

26) Signature of Individual or Corporate Name: _____